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	·	*.		12	U. S. Pat	ent and Trad	emark Offic	ce; U.S. DÉP	ARTMENT OI	COMMERCI	
PATENT APPLICATION FEE DETERMINATION RECOR							Application or Docket Number 8403.945				
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY		OTHER THAN OR SMALL ENTITY		
FOR	16 A	5.0	UMBER FILED		NUMBER EXTRA		ΓE F	EE	RATE	FEE	
	SIC FEE TRAN				### ### ### ### ######################		\$_0	OI	1	§_750	
TOT	AL CLAIMS CFR 1.16(c))	11	11 minus 20 =		0	x \$ 9	_= 0	OI	x <u>\$ 18 =</u>	0	
	EPENDENT CLA	AIMS 1	1 minus 3 =		0 x		_= 0	OI		0	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) 0						+ 140	) = 0	OI	+ 280 =	0	
* If the difference in column 1 is less then zero, enter "0" in column 2							AL 0	OI	TOTAL	750	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL ENTITY		OTHER T		
AMENDMENT'A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RAT	E TIO	DDI- NAL EE	RATE	ADDI- TIONAL FEE	
	Total (37 CFR 1.16(c))	* 8	Minus	** 20	= 0	x \$_9	0	OF OF	x \$_18_=	0	
	Independent (37 CFR 1.16(b))	* 1	Minus	*** 3	= 0	x 42	_= 0	OF	84 _	0	
	FIRST PRES	ENTATION OF M	JLTIPLE DEP	LE DEPENDENT CLAIM (37 CFR 1.16(d))		+ 140	_= 0	OF	+ 280 =	0	
(Column 1) (Column 2) (Column 3)							TOTAL 0 ADDIT. FEE		TOTAL ADDIT. FEE	0	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE x \$ <u>9</u>	TE TIO	DDI- NAL EE	RATE	ADDI- TIONAL FEE	
	Total (37 CFR 1.16(c))	*	Minus	**	=		_= 0	OF	x \$ =	0	
	Independent (37 CFR 1.16(b))	*	Minus	***	=	x 42	_= 0	OF OF	<sub>x</sub> 84 =	0	
	FIRST PRESENTATION OF MULTIPL			E DEPENDENT CLAIM (37 CFR 1.16(d))		+ 140	_= 0	OF	280	0	
(Column 1) (Column 2) (Column 3)						TOTAL 0 ADDIT. FEE		OF	TOTAL ADDIT. FEE	0	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	TE TIO	DDI- DNAL EE	RATE	ADDI- TIONAL FEE	
	Total (37 CFR 1.16(c))	*	Minus	**	=	x \$ <u>9</u>	_= 0	OI	x \$_10 =	0	
	Independent (37 CFR 1.16(b))	*	Minus	***	=	x 42	_= 0	OI	<sub>x</sub> 84 <sub>=</sub>	0	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ 14	0_= 0	OI	. 280	0	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											

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